		<del></del>	DATA COLL	ECTION - OM	o Control Nur	nber 3060-0986	
Block 1	- Contact Inform	nation	(m. 1 - 2 - 1		-		
ROW#	DATA ELEMENT			FORMAT OF REQUESTED DATA	RESPONSE		
1	Carrier Study Area Code			6 numeric digits	462187		
2	Carrier Study Area Name			alpha characters	THE EL PASO CN	TY TEL	
3	Service Provider Identification Number			9 numeric digits	143002489		
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	12/1/2014		
5	Contact Name			alpha characters	Kenneth W. Buchar	1	
6	Contact Telephone Number (include area code)			9 numeric digits	(318) 362-1538		
7	Sheet number			numeric digit(s)	1		
8	Total Number of Sh	neets		numeric digit(s)	1		
-	Column 1 Residential Local	Column 2 State Subscriber	2 - Residential L  Column 3  State Universal	Column 4 Mandatory	Column 5	e Counts	
	Service Charge	Line Charge	Service Fee	Extended Area Service Charge	·		
9	\$ 16.00	\$ -	\$ 0.42	\$ -			
10	\$ 16.00	\$ -	\$ 0.42	\$ -			
11							
12	_						
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of	Officer as to the Accuracy of the Data Reported	for the Rate Floor Data						
	eporting carrier; my responsibilities include ensuring the acowledge, the information reported on this form is accurate.							
Name of Reporting Carrier The El Paso Cou	nty Telephone Company							
Signature of authorized officer Date 12/17/14								
Printed name of authorized officer David D.	Cole							
Title or position of authorized officer Executive	re Vice President of Operations Support and Controller							
Telephone number of authorized officer: (31)	3 ) 388 - 9000, ext							
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)	1/2/2015						